					Complete if Known									
Substitute for form 1449/PTO (Revised 07/2007)  INFORMATION DISCLOSURE						Α	Application Number			10/583,570				
							Filing Date			3/5/07				
						Fi	First Named Inventor			DeSimone				
						Α	Art Unit			1615				
STATEMENT BY APPLICANT (Use as many sheets as necessary)					E	Examiner Name			J. Worsham					
Sheet 1 of 1					A	Attorney Docket Number			035052/338899	)				
						U	. S.	PATENT D	ocu	MENT	S			
	Document Numi													
Examiner Initials*				Number - Kind Code (if known)				Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		
	20	0	US-	4,614,6	67		09-	-30-1986		La	rson et al.			
			US-4,681,925			07-21-1987		Strepparola et al.						
	20	202 US-4,830,910			05-16-1989		Larson							
							EIG	N PATENT	DO:	CUME	NTS	_		
	Cite No.		Foreign Patent Document  Country Code - Number Kind Code (if known)					Publication D MM-DD-YY				Pages, Columns, Lines, Where Relevant		English
Examiner Initials							le				f Patentee or nt of Cited ent	Passages or Re Figures App	elevant	Language Translation Attached
	203		EP 0 393 263 B1			06-04-1993		Minnesota Mining and Manufaturing Company						
							ОТ	HER DOC	UME	NTS				
Examiner Initials*		Cite No.						CAPITAL LETTERS), title of the article (when appropriate), title of nal, serial, symposium, catalog, etc.), date, page(s), volume-issue or country where published.					English Language Translation Attached	

Examiner	Date	
Signature	Considered	

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

LEGAL02/32769282v1